



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**CANDIDATE COMMITTEE
COVER PAGE**

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

<p>1. Committee I.D. Number <u>150310</u></p> <p>2. Committee Name <u>COMMITTEE TO ELECT VICKI ROUPE REGISTER OF DEEDS</u></p> <p>5. Committee's Mailing Address <u>3115 KIRKWOOD PLACE</u> <u>BAY CITY, MI 48706</u> Area Code and Phone <u>989-684-6462</u></p> <p>If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.</p> <p>7. Treasurer's Business Address</p> <p>Area Code and Phone ()</p>		<p>3. This Statement covers From: <u>01</u> <u>01</u> <u>2008</u> to <u>07</u> <u>20</u> <u>2008</u> Mo Day Year Mo Day Year</p> <p>4. Candidate Last Name <u>ROUPE</u> First Name <u>VICTORIA</u> M.I. <u>L</u></p> <p>4a. Office Sought Including District # or Community Served (If applicable) <u>REGISTER OF DEEDS</u></p> <p>4b. County of Residence <u>BAY</u></p> <p>6. Treasurer's Name & Residential Address <u>VICTORIA L. ROUPE</u> <u>3115 KIRKWOOD PLACE</u> <u>BAY CITY, MI 48706</u> Area Code & Phone <u>(989) 684-6462</u></p> <p>8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) <u>VICTORIA L. ROUPE</u> <u>3115 KIRKWOOD PLACE</u> <u>BAY CITY, MI 48706</u> Area Code and Phone <u>(989) 684-6462</u></p>	
<p>9. TYPE OF STATEMENT</p> <p>9a. <input checked="" type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election</p> <p>Pre-Election or Post-Election Statement relates to:</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Convention <input type="checkbox"/> School</p> <p><input type="checkbox"/> Special <input type="checkbox"/> Caucus</p> <p>Date of Election, Convention or Caucus <u>08</u> <u>15</u> <u>2008</u> Month Day Year</p>		<p>9c. <input type="checkbox"/> Annual Statement (Coverage Year)</p> <p>9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)</p> <p>9e. <input type="checkbox"/> Dissolution of Candidate Committee</p> <p>Effective Date of Dissolution Month Day Year <u>08</u> <u>20</u> <u>08</u></p> <p>By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.</p> <p>Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.</p>	
<p>A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.</p>			
<p>10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.</p> <p>Current Treasurer or Designated Record keeper <u>VICTORIA L. ROUPE</u> , <u>Victoria L. Roupe</u> Date <u>07</u> <u>20</u> <u>08</u> Type or Print Name Signature Mo Day Year</p> <p>Candidate <u>VICTORIA L. ROUPE</u> , <u>Victoria L. Roupe</u> Date <u>07</u> <u>20</u> <u>08</u> Type or Print Name Signature Mo Day Year</p>			



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 150310

2. Committee Name COMMITTEE TO ELECT VICKI

ROUPE REGISTER OF DEEDS

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Itemized Contributions (Schedule 1A - Column 6)	(3.) \$	<u>2965.00</u>	(18.) \$ <u>2965.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	<u>100.00</u>	(19.) \$ <u>100.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3 + Line 4)	(5.) \$	<u>3065.00</u>	(20.) \$ <u>3065.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	<u>- 0 -</u>	(21.) \$ <u>- 0 -</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	<u>- 0 -</u>	(22.) \$ <u>- 0 -</u>
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>2149.22</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	<u>- 0 -</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	<u>- 0 -</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	<u>2149.22</u>	(23.) \$ <u>2149.22</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	<u>- 0 -</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	<u>- 0 -</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	<u>- 0 -</u>	(24.) \$ <u>3000.00</u>
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u>3000.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	<u>- 0 -</u>	
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>67.26</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>3065.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>3132.26</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>2149.22</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>983.04</u> *	

*If your ending balance is negative, please recheck your math.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number

150310

2. Committee Name

COMMITTEE TO ELECT VICKI
ROUPE REGISTER OF DEEDS

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>2-21-08</u></p> <p>Name: <u>SANDI ALCORN</u></p> <p>Address: <u>509 11th STREET, BAY CITY, MI 48708</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		20.00	20.00
<p>3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>2-21-08</u></p> <p>Name: <u>CRAIG ALSTON</u></p> <p>Address: <u>2480 CENTER, BAY CITY, MI 48708</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		20.00	20.00
<p>3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>2-21-08</u></p> <p>Name: <u>KIYOKO ALSTON</u></p> <p>Address: <u>2480 CENTER, BAY CITY, MI 48708</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		20.00	20.00
<p>3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>2-21-08</u></p> <p>Name: <u>JOHN ANDRUS</u></p> <p>Address: <u>1702 S. SHERIDAN, BAY CITY, MI 48708</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		20.00	20.00
<p>Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)</p>		80.00	

Enter this total on
line 3 of Summary
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number

150310

2. Committee Name

COMMITTEE TO ELECT VICKI
ROUPE REGISTER OF DEEDS

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>2-13-08</u></p> <p>Name: <u>BOB ARSENAULT</u></p> <p>Address: <u>700 N. DEAN, BAY CITY, MI 48706</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		20.00	20.00
<p>3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>2-22-08</u></p> <p>Name: <u>KURT ASBURY</u></p> <p>Address: <u>2125 6th, BAY CITY, MI 48708</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		20.00	20.00
<p>3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>2-13-08</u></p> <p>Name: <u>FRIENDS OF JIM BARCIA</u></p> <p>Address: <u>P.O. BOX 775, BAY CITY, MI 48707</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		40.00	40.00
<p>3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>2-21-08</u></p> <p>Name: <u>VAUGHN BELICK</u></p> <p>Address: <u>5353 LORRAINE, BAY CITY, MI 48706</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		20.00	20.00
<p>Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)</p>		100.00	

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 150310
2. Committee Name COMMITTEE TO ELECT VICKI ROUPE REGISTER OF DEEDS

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report <u>all</u> contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>2-21-08</u> Name: <u>TOM BUETEFUER</u> Address: <u>1626 GARFIELD, LINWOOD, MI</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		20.00	20.00
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>2-21-08</u> Name: <u>CHARLES BRUNNER</u> Address: <u>208 MURPHY, BAY CITY, MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		20.00	20.00
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>2-21-08</u> Name: <u>JUDY BRUNNER</u> Address: <u>208 MURPHY, BAY CITY, MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		20.00	20.00
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>2-21-08</u> Name: <u>RICK BRZEZINSKI</u> Address: <u>2413 25th, BAY CITY, MI 48708</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		20.00	20.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		80.00	

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 150310
2. Committee Name COMMITTEE TO ELECT VICKI ROUPE REGISTER OF DEEDS

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report <u>all</u> contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>2-21-08</u> Name: <u>MIKE BUDA</u> Address: <u>526 HANDY, BAY CITY, MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		40.00	40.00
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>2-21-08</u> Name: <u>D. BARRON-ROGERS</u> Address: <u>4659 DALE CT., BAY CITY, MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		20.00	20.00
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>2-21-08</u> Name: <u>DEANNE BERGER</u> Address: <u>2235 CARROLL RD, BAY CITY, MI 48708</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		100.00	100.00
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>2-21-08</u> Name: <u>MARK BERGER</u> Address: <u>2235 CARROLL RD, BAY CITY, MI 48708</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		100.00	100.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		260.00	

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 150310
2. Committee Name COMMITTEE TO ELECT URSI
DUKE REGISTER IF DEEDS

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report <u>all</u> contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-05-08</u> Name: <u>BEST REAL ESTATE</u> Address: <u>504 E. MIDLAND, BAY CITY, MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		100.00	100.00
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>2-21-08</u> Name: <u>BOYD BOETTGER</u> Address: <u>505 HAROLD, BAY CITY, MI 48708</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		20.00	20.00
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>2-21-08</u> Name: <u>MARY BOETTGER</u> Address: <u>505 HAROLD, BAY CITY, MI 48708</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		20.00	20.00
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>2-13-08</u> Name: <u>HENRY BRANDT</u> Address: <u>986 RUSSELL RD, BAY CITY, MI 48708</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		75.00	75.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		215.00	

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number

150310

2. Committee Name

COMMITTEE TO ELECT VICKI
ROUPE REGISTER OF DEEDS

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report <u>all</u> contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>2-21-08</u> Name: <u>DON BURNSIDE</u> Address: <u>7369 BLAKE, BAY CITY, MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		20.00	20.00
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>2-21-08</u> Name: <u>JANET CHASE</u> Address: <u>901 E. FLORENCE, BAY CITY, MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		20.00	20.00
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>2-21-08</u> Name: <u>KIM COONAN</u> Address: <u>706 SIDNEY, BAY CITY, MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		40.00	40.00
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>2-21-08</u> Name: <u>BRENT DANIELS</u> Address: <u>693 E CODY ESTEY, PINCONNING, MI 48650</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		20.00	20.00
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 150310
2. Committee Name COMMITTEE TO ELECT VIKKI ROUPE REGISTER OF SEEDS

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>2-21-08</u> Name: <u>KELLIE DANIELS</u> Address: <u>692 E CODY ESTEY, PINCONNING, MI</u> 5. If over \$100.00 cumulative, please provide: <u>48650</u> Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	20.00	20.00
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>2-03-08</u> Name: <u>CYNDI DOYLE</u> Address: <u>1301 37th, BAY CITY, MI 48708</u> 5. If over \$100.00 cumulative, please provide: _____ Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	20.00	20.00
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>2-21-08</u> Name: <u>BETTY DOYLE</u> Address: <u>4676 LONGMEADOW, SAGINAW, MI 48603</u> 5. If over \$100.00 cumulative, please provide: _____ Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	20.00	20.00
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>2-21-08</u> Name: <u>LARRY DOYLE</u> Address: <u>4676 LONGMEADOW, SAGINAW, MI 48603</u> 5. If over \$100.00 cumulative, please provide: _____ Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	20.00	20.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	80.00	

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 158310
2. Committee Name COMMITTEE TO ELECT VICKI ROUPE REGISTER OF DEEDS

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-04-08</u> Name: <u>BRIAN ELDER</u> Address: <u>915 5th, BAY CITY, MI 48708</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		20.00	20.00
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>2-13-08</u> Name: <u>JIM FLANNERY</u> Address: <u>707 S. HAMPTON, BAY CITY, MI 48708</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		20.00	20.00
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>2-13-08</u> Name: <u>MARTY FITZHUGH</u> Address: <u>3077 OAKWOOD, BAY CITY, MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		20.00	20.00
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>2-13-08</u> Name: <u>BILL FOURNIER</u> Address: <u>1053 BRISSETTE BOY, KAWKAWLIN, MI 48631</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		20.00	20.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		80.00	

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 150310
2. Committee Name COMMITTEE TO ELECT
VICKI ROWPE REGISTER OF
DEEDS

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>2-13-08</u> Name: <u>CAROLE GWIZDALA</u> Address: <u>1305 S. MONROE, BAY CITY, MI 48708</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	20.00	20.00
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>2-13-08</u> Name: <u>GENE GWIZDALA</u> Address: <u>1305 S. MONROE, BAY CITY, MI 48708</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	20.00	20.00
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>2-13-08</u> Name: <u>MIKE GRAY</u> Address: <u>5009 S. FRASER, BAY CITY, MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	20.00	20.00
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>2-13-08</u> Name: <u>DON GOOD</u> Address: <u>714 WEBB, BAY CITY, MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	65.00	65.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	125.00	

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number

150310

2. Committee Name

COMMITTEE TO ELECT VICKI
ROUPE REGISTER OF DEEDS

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>2-13-08</u> Name: <u>SALLY GRAY</u> Address: <u>5009 S. FRASER, BAY CITY, MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		20.00	20.00
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>2-13-08</u> Name: <u>DON GOULET</u> Address: <u>69 YORK, BAY CITY, MI 48708</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		20.00	20.00
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>2-13-08</u> Name: <u>ROBERT HORNER</u> Address: <u>3012 COVENTRY, BAY CITY, MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		30.00	30.00
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>2-13-08</u> Name: <u>MARIE HAYES</u> Address: <u>114 N. SHERIDAN, BAY CITY, MI 48708</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		20.00	20.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		90.00	

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 150310
2. Committee Name COMMITTEE TO ELECT VIKKI ROUPE REGISTER OF DEEDS

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>2-13-08</u> Name: <u>DENNIS HAYES</u> Address: <u>114 N. SHERIDAN, BAY CITY, MI 48708</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		20.00	20.00
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>2-13-08</u> Name: <u>MICHAEL HALSTEAD</u> Address: <u>2157 6th, BAY CITY, MI 48708</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		20.00	20.00
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>2-13-08</u> Name: <u>WILLIAM HUDSON</u> Address: <u>402 CENTER, BAY CITY, MI 48708</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		20.00	20.00
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>2-13-08</u> Name: <u>SUE KELLEY</u> Address: <u>3366 S. 9 MILE, AUBURN, MI 48611</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		20.00	20.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		80.00	

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number

158310

2. Committee Name

COMMITTEE TO ELECT VICKI
RUDE REGISTER OF DEEDS

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>2-03-08</u> Name: <u>MIKE KERN</u> Address: <u>4601 GOLDEN PALOMINO, LAS VEGAS, NV</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		20.00	20.00
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>2-21-08</u> Name: <u>SANDY KOWALSKI</u> Address: <u>PO BOX 2828, ESSEXVILLE, MI 48732</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		20.00	20.00
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>2-13-08</u> Name: <u>HOLLY KURLA</u> Address: <u>237 W. HAMPTON, ESSEXVILLE, MI 48732</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		40.00	40.00
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>2-21-08</u> Name: <u>CHRISTINA LANDSTROM</u> Address: <u>4025 BARD, BEAVERTON, MI 48612</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		20.00	20.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		100.00	

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 150310
2. Committee Name COMMITTEE TO ELECT VICKI ROUPE REGISTER OF DEEDS

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report <u>all</u> contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>2-21-08</u> Name: <u>JULIE LAPRAIRIE</u> Address: <u>248 PINNACLE DR, OMER, MI</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		20.00	20.00
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>2-21-08</u> Name: <u>CINDY LUCZAK</u> Address: <u>808 FROST, BAY CITY, MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		20.00	20.00
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>2-21-08</u> Name: <u>GARY MOORE</u> Address: <u>193 HENDRIE, BAY CITY, MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		50.00	50.00
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>2-21-08</u> Name: <u>KEITH MARKSTROM</u> Address: <u>1383 N. JONES, ESSEXVILLE, MI 48732</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		20.00	20.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		110.00	

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number

158310

2. Committee Name

COMMITTEE TO ELECT VICKI
RIUPE REGISTER OF DEEDS

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>2-21-08</u> Name: <u>MIKE MAILLETTE</u> Address: <u>3123 KIRKWOOD, BAY CITY, MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		40.00	40.00
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>2-21-08</u> Name: <u>CORINNE MARTIN</u> Address: <u>605 W. OHIO, BAY CITY, MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		20.00	20.00
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>2-21-08</u> Name: <u>BRENDA MCCAULEY</u> Address: <u>3128 KIRKWOOD, BAY CITY, MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		20.00	20.00
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>2-21-08</u> Name: <u>MIKE MCCAULEY</u> Address: <u>3128 KIRKWOOD, BAY CITY, MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		20.00	20.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		100.00	

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number

150310

2. Committee Name

COMMITTEE TO ELECT VICKI
RINDE REGISTER OF DEEDS

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>2-13-08</u> Name: <u>JOHN MCQUILLAN</u> Address: <u>708 CENTER, STE 3, BAY CITY, MI 48708</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	25.00	25.00
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>2-21-08</u> Name: <u>JEFF MAYES</u> Address: <u>4297 ZANDER, BAY CITY, MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	30.00	30.00
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>2-21-08</u> Name: <u>JOHN MILLER</u> Address: <u>2076 S. 9 MILE, KAWKAWLIN, MI 48631</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	20.00	20.00
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>2-21-08</u> Name: <u>TOM NEWSHAM</u> Address: <u>17136 6th, ARCADIA, MI</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	20.00	20.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	95.00	

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 150310
2. Committee Name COMMITTEE TO ELECT JILL ROULE REGISTER OF DEEDS

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report <u>all</u> contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>2-21-08</u> Name: <u>KEN NICKEL</u> Address: <u>5953 REDFEATHER, BAY CITY, MI 48706</u> 5. If over \$100.00 cumulative, please provide: <u>48706</u> Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	20.00	20.00
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>2-13-08</u> Name: <u>NELSON NIEDERER</u> Address: <u>5402 ELMVIEW, BAY CITY, MI 48706</u> 5. If over \$100.00 cumulative, please provide: _____ Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	20.00	20.00
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>2-21-08</u> Name: <u>SHELDON NIEDERER</u> Address: <u>3031 PATTERSON, BAY CITY, MI 48706</u> 5. If over \$100.00 cumulative, please provide: _____ Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	20.00	20.00
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>2-21-08</u> Name: <u>RUTH NOBLE</u> Address: <u>315 N. POWELL, ESSEXVILLE, MI 48732</u> 5. If over \$100.00 cumulative, please provide: _____ Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	20.00	20.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	80.00	

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee ID Number

150310

2. Committee Name

COMMITTEE TO ELECT VICKI
ROUPE REGISTER OF SEEDS

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>2-21-08</u> Name: <u>LAURA DOGAR</u> Address: <u>601 N HARTON, BAY CITY, MI 48708</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	50.00	50.00
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>2-21-08</u> Name: <u>TONY PAWELSKI</u> Address: <u>226 LIBBEY, PINCONNING, MI 48650</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	20.00	20.00
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>2-13-08</u> Name: <u>JANE PERKINS</u> Address: <u>1106 HARBOR COVE, BAY CITY, MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	20.00	20.00
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-14-08</u> Name: <u>PLATINUM TITLE</u> Address: <u>213 CENTER, BAY CITY, MI 48708</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	40.00	40.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	130.00	

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 157310
2. Committee Name COMMITTEE TO ELECT VICKI RUIPE REGISTER OF DEEDS

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>2-21-08</u> Name: <u>CYNTHIA RABIDOUX</u> Address: <u>1510 RAYMOND, BAY CITY, MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		20.00	20.00
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>2-21-08</u> Name: <u>DAVE RABIDOUX</u> Address: <u>1510 RAYMOND, BAY CITY, MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		20.00	20.00
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>2-13-08</u> Name: <u>BRIAN REDMOND</u> Address: <u>11 BAY SHORE, BAY CITY, MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		20.00	20.00
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>2-21-08</u> Name: <u>BOB REDMOND</u> Address: <u>201 N. MOUNTAIN, BAY CITY, MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		20.00	20.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		80.00	

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number

150310

2. Committee Name

COMMITTEE TO ELECT VICKI
ROUPE REGISTER OF DEEDS

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report <u>all</u> contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>2-21-08</u> Name: <u>JOSEPH RIVET</u> Address: <u>4542 MOCASA, BAY CITY, MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		20.00	20.00
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>2-21-08</u> Name: <u>DALE ROGERS</u> Address: <u>4659 DALE, BAY CITY, MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		25.00	25.00
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-3-08</u> Name: <u>JOHN RAZATYCKI</u> Address: <u>3238 HIDDEN, BAY CITY, MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		40.00	40.00
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>2-21-08</u> Name: <u>DEBRA RUSSELL</u> Address: <u>1574 ST MARYS CT, ESSEXVILLE, MI 48732</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		40.00	40.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		125.00	

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 150310
2. Committee Name COMMITTEE TO ELECT VICKI ROUPE REGISTER OF DEEDS

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>2-21-08</u> Name: <u>JANET SANTOS</u> Address: <u>4646 MORNINGSIDE, BAY CITY, MI</u> 5. If over \$100.00 cumulative, please provide: <u>48706</u> Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		20.00	20.00
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>2-21-08</u> Name: <u>PEDRO SANTOS</u> Address: <u>4646 MORNINGSIDE, BAY CITY, MI</u> 5. If over \$100.00 cumulative, please provide: <u>48706</u> Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		20.00	20.00
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>2-21-08</u> Name: <u>DOUG SCHWEITZER</u> Address: <u>3517 MONITOR, BAY CITY, MI</u> 5. If over \$100.00 cumulative, please provide: <u>48706</u> Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		20.00	20.00
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>2-21-08</u> Name: <u>JOE SHEERAN</u> Address: <u>1206 WILDERNESS, ESSEXVILLE, MI</u> 5. If over \$100.00 cumulative, please provide: <u>48732</u> Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		20.00	20.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		80.00	

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number

150310

2. Committee Name

COMMITTEE TO ELECT VICKI
RUIPE REGISTER OF DEEDS

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>2-13-08</u> Name: <u>PATRICIA SHORKEY</u> Address: <u>53 WHEELER, BAY CITY, MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		25.00	25.00
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>2-21-08</u> Name: <u>EDNA KAY SIMONS</u> Address: <u>1509 3rd, BAY CITY, MI 48708</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		20.00	20.00
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>2-21-08</u> Name: <u>DEB STONE</u> Address: <u>1007 PARK, BAY CITY, MI 48708</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		20.00	20.00
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>2-13-08</u> Name: <u>JANE SMITH</u> Address: <u>265 E. HAMPTON, ESSEXVILLE, MI 48732</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		20.00	20.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		85.00	

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee ID Number 150310
2. Committee Name COMMITTEE TO ELECT VICKI ROUPE REGISTER OF DEEDS

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>2-21-08</u> Name: <u>LYDIA SOLINSKI</u> Address: <u>402 E. SALZBURG, BAY CITY, MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		20.00	20.00
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>2-21-08</u> Name: <u>BRANDY TILLEY</u> Address: <u>617 GREEN, BAY CITY, MI 48708</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		20.00	20.00
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>2-21-08</u> Name: <u>DON TILLEY</u> Address: <u>617 GREEN, BAY CITY, MI 48708</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		20.00	20.00
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>2-21-08</u> Name: <u>HOWIE WETTERS</u> Address: <u>1866 WETTERS, KAWKAWLIN, MI 48631</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		50.00	50.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		110.00	

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 150310
2. Committee Name COMMITTEE TO ELECT VICKI ROUPE REGISTER OF DEEDS

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report <u>all</u> contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>2-13-08</u> Name: <u>LAND TITLE</u> Address: <u>610 ADAMS, BAY CITY, MI 48708</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		40.00	40.00
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>2-13-08</u> Name: <u>WALTER WOZNIAK</u> Address: <u>204 PINE, ESSEXVILLE, MI 48732</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		20.00	20.00
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>2-13-08</u> Name: <u>DEAN WOODS</u> Address: <u>1397 N. WAGNER, ESSEXVILLE, MI 48732</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		20.00	20.00
3. Contribution #4 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>2-07-08</u> Name: <u>PLUMBERS & STEAMFITTERS LOCAL 85</u> Address: <u>6705 WEISS, SAGINAW, MI 48603</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		500.00	500.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		580.00	
		2965.00	

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED OTHER RECEIPTS
SCHEDULE 1A-1
CANDIDATE COMMITTEE

1. Committee I.D. Number 150310

2. Committee Name COMMITTEE TO ELECT
VICKI RUPE REGISTER OF DEED

3. Name & Address From Whom Received	4. Date of Receipt	5. Type of Receipt	6. Amount
Receipt #1 Name: <u>BAY COUNTY DEMOCRATIC PARTY</u> Address: <u>C/O 2341 E. BEAVER</u> <u>KAWKAWLIN, MI 48631</u> <input type="checkbox"/> Fund Raiser	Date of Receipt <u>5-13-08</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input checked="" type="checkbox"/> Other (Specify) <u>WINNINGS</u>	<u>100.00</u>
Receipt #2 Name: _____ Address: _____ <input type="checkbox"/> Fund Raiser	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	
Receipt #3 Name: _____ Address: _____ <input type="checkbox"/> Fund Raiser	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	
Receipt #4 Name: _____ Address: _____ <input type="checkbox"/> Fund Raiser	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	
Receipt #5 Name: _____ Address: _____ <input type="checkbox"/> Fund Raiser	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	
Receipt #6 Name: _____ Address: _____ <input type="checkbox"/> Fund Raiser	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	
Receipt #7 Name: _____ Address: _____ <input type="checkbox"/> Fund Raiser	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	

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100.00

100.00

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 150310
2. Committee Name COMMITTEE TO ELECT VICKI ROUPE
REGISTER OF DEEDS

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>FRIENDS OF BRIAN ELDER</u> Address <u>915 5th, BAY CITY, MI 48708</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>FUNDRAISER</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>1/30/08</u>	<u>20.00</u>
Expenditure #2 Name <u>US POST OFFICE</u> Address <u>1000 WASHINGTON BAY CITY, MI 48708</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>POSTAGE FOR FUNDRAISER</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>2/04/08</u>	<u>78.00</u>
Expenditure #3 Name <u>BAY CITY DEMOCRAT</u> Address <u>309 9th, BAY CITY, MI 48708</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>FUNDRAISER PRINTING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>2/14/08</u>	<u>118.72</u>
Expenditure #4 Name <u>BAY COUNTY CLERK</u> Address <u>515 CENTER, BAY CITY, MI 48708</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>FILING FEE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>2/05/08</u>	<u>100.00</u>
Expenditure #5 Name <u>STEIN HAUS</u> Address <u>1108 N. WATER BAY CITY, MI 48708</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>FUNDRAISER EXPENSE (FOOD, DRINKS, TIP)</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>2/21/08</u>	<u>1291.56</u>

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1608.28

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 150310
2. Committee Name COMMITTEE TO ELECT VIKKI ROUPE
REGISTER OF DEEDS

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>KROGERS</u> Address <u>945 N. EUCLID</u> <u>BAY CITY, MI 48706</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>THANK YOU CARDS</u> <u>FOR FUNDRAISER</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>3/09/08</u>	<u>18.50</u>
Expenditure #2 Name <u>U.S. POST OFFICE</u> Address <u>1000 WASHINGTON</u> <u>BAY CITY, MI 48708</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>POSTAGE-THANK</u> <u>YOU CARDS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>3/21/08</u>	<u>82.00</u>
Expenditure #3 Name <u>ST. PAT'S PARADE ASSOC.</u> Address <u>C/O 1316 BROADWAY</u> <u>BAY CITY, MI 48708</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>AD</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>3/21/08</u>	<u>55.00</u>
Expenditure #4 Name <u>CAMP FISH TALES</u> Address <u>2177 E. ERICKSON</u> <u>PINCONNING, MI 48650</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>AD</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>3/21/08</u>	<u>75.00</u>
Expenditure #5 Name <u>MAYOR'S SCHOLARSHIP FUND</u> Address <u>C/O 226 LIBBY,</u> <u>PINCONNING, MI 48650</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>AD</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>4/07/08</u>	<u>65.00</u>
Subtotal this page Grand Total of all Schedules 1B (Complete on last page of Schedule)			<u>295.50</u>

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 150310

2. Committee Name COMMITTEE TO ELECT VILKI
ROUPE REGISTER OF DEEDS

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>FRIENDS OF JEFF MAYES</u> Address <u>4297 ZANDER</u> <u>BAY CITY, MI 48706</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>FUNDRAISER</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>4/10/08</u>	<u>20.00</u>
Expenditure #2 Name <u>BAY CITY DEMOCRAT</u> Address <u>309 9th</u> <u>BAY CITY, MI 48706</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>PRINTING- NAACP</u> <u>TICKETS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>4/18/08</u>	<u>25.44</u>
Expenditure #3 Name <u>COMMITTEE TO ELECT</u> <u>SALLY GRAY</u> Address <u>5009 FRASER</u> <u>BAY CITY, MI 48706</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>FUNDRAISER</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>4/24/08</u>	<u>20.00</u>
Expenditure #4 Name <u>BAY COUNTY</u> <u>DEMOCRATIC PARTY</u> Address <u>C/O 2341 E. BEAVER</u> <u>KAWKAWLIN, MI 48631</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>SPRING FLING</u> <u>TICKETS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/06/08</u>	<u>100.00</u>
Expenditure #5 Name <u>COMMITTEE TO KEEP</u> <u>ASBURY PROSECUTOR</u> Address <u>2125 6th</u> <u>BAY CITY, MI 48708</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>FUNDRAISER</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/28/08</u>	<u>25.00</u>
Subtotal this page Grand Total of all Schedules 1B (Complete on last page of Schedule)			<u>190.44</u>

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 150310
2. Committee Name COMMITTEE TO ELECT VICKI RUPE REGISTER OF DEEDS

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>COMMITTEE TO ELECT MAILLETTE TRUSTEE</u> Address <u>3123 KIRKWOOD</u> <u>BAY CITY, MI 48706</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>FUNDRAISER</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/29/08</u>	<u>20.00</u>
Expenditure #2 Name <u>COMMITTEE TO RE-ELECT SANTOS CLERK</u> Address <u>4646 MORNINGSIDE</u> <u>BAY CITY, MI 48706</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>FUNDRAISER</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/26/08</u>	<u>15.00</u>
Expenditure #3 Name <u>COMMITTEE TO ELECT WATSON SUPERVISOR</u> Address <u>93 RIVER TRAIL</u> <u>BAY CITY, MI 48706</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>FUNDRAISER</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/14/08</u>	<u>20.00</u>
Expenditure #4 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		

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55.00

2149.22

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 150310
2. Committee Name COMMITTEE TO ELECT VICKI
ROUPE REGISTER OF DEEDS

This Schedule itemizes:

a. ☒ Debts and obligations owed by or forgiven the committee OR b. ☐ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Indicate type and you may assign an expenditure code) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: <u>VICTORIA L. ROUPE</u> <u>3115 KIRKWOOD PLACE</u> <u>BAY CITY, MI 48706</u>	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>12/10/03 & 07/02/04</u> 6. <u>Original Amount of Debt:</u> <u>\$ 3000.00</u>	<u>1 1 \$</u> <u>1 1 \$</u> <u>1 1 \$</u> <u>1 1 \$</u> <u>1 1 \$</u>	<u>\$ -0-</u>	<u>\$ 3000.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: _____ _____ _____	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> 6. <u>Original Amount of Debt:</u> <u>\$ _____</u>	<u>1 1 \$</u> <u>1 1 \$</u> <u>1 1 \$</u> <u>1 1 \$</u> <u>1 1 \$</u>	<u>\$ _____</u>	<u>_____</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: _____ _____ _____	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> 6. <u>Original Amount of Debt:</u> <u>\$ _____</u>	<u>1 1 \$</u> <u>1 1 \$</u> <u>1 1 \$</u> <u>1 1 \$</u> <u>1 1 \$</u>	<u>_____</u>	<u>_____</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		

Page Subtotal (Outstanding debt)

3000.00

Grand Total of all Schedules 1E

(Complete on last page of Schedule showing amounts owed by or to the committee)

3000.00

Enter this total
on line 12a
"owed by" or
line 12b "owed
to" of the
Summary Page

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE

1. Committee I.D. Number 150310
2. Committee Name COMMITTEE TO ELECT VICKI ROLPE REGISTER OF DEEDS

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 02 22 08 Month Day Year	4. Number of Individuals Attending or Participating (whichever is greater) 91	5. Type of Fund Raising Activity DINNER	6. Address and Name (If any) of the place where the activity was held <input type="checkbox"/> Private Residence
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7. Total Contributions 2465.00

8. Other Receipts - 0 -

9. Gross Receipts (Add lines 7 and 8) 2465.00

10. Total Cost of Event 1588.78

(Total Cost includes In-Kind Contributions
and All Expenditures Made For the Event)

11. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)

Contribution Split
(%)

Expenditure Split
(%)

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.